



## LakeCounty

Central Permit Facility  
500 W. Winchester Road Unit #101  
Libertyville, IL 60048-1331  
PHONE: (847) 377-2600  
FAX: (847) 984-5854  
EMAIL: lcpermits@lakecountyil.gov

### Registration Form - Residential Reroofing

**This registration form is only available to licensed roofers in good standing with the State of Illinois.** No permit will be required when proposed improvements consist of **only** reroofing your residential structure and work will be performed by a licensed roofer. A permit shall be required if: 1) work will be performed by homeowners, 2) reroofing is part of a larger project that involves structural work such as truss work, replacing rafters, interior alterations or additions, or 3) project is a commercial project or property red tag.

This process is designed to maximize customer convenience. However, the customer always has the right to seek a permit and a follow-up inspection. Lake County reserves the right to inspect any construction performed whether permitted or registered.

Please complete and NOTARIZE the information below, sign and send this form to the Central Permit Facility, Attention: CEP Staff, at the above address along with a check for \$30 (**PER STRUCTURE**), payable to the "Lake County Treasurer" as a non-refundable registration fee. **UPON SUBMISSION AND REVIEW OF THIS FORM, YOUR PROJECT WILL BE REGISTERED. CONSTRUCTION CANNOT BEGIN UNTIL YOU RECEIVE CONFIRMATION FROM THIS OFFICE THAT YOUR REGISTRATION IS COMPLETE.** Note: By signing below, you agree to comply with the requirements of the Solid Waste Hauling and Recycling Ordinance by diverting 75% of construction and demolition debris generated by the project.

(Please complete the information below and sign)

Roofing Contractor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

FAX #: \_\_\_\_\_ Email: \_\_\_\_\_ License #: \_\_\_\_\_

PIN: \_\_\_\_\_ Address of Property: \_\_\_\_\_

Owner Address (if different from above): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of Proposed Project: \_\_\_\_\_ Cost of Project \_\_\_\_\_

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature and Seal \_\_\_\_\_

**OFFICE USE ONLY:** License Status: ☐ Active ☐ Expired

Application # \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Paid By: ☐ Cash ☐ Check # \_\_\_\_\_ ☐ Credit Card # \_\_\_\_\_

Comments: \_\_\_\_\_

☐ **REGISTRATION COMPLETE** (You may now proceed with your project. Please save a copy of this completed Registration Form for your Records)